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09/10/2004

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Angela Williams	(Depositor's name)
ANDU	(Signature)
December 10, 2004	(Date)

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
•	09/687,288	10/13/2000	William S. Holmes	155638-0034	8602

TITLE OF INVENTION: METHOD AND APPARATUS FOR PROVIDING VERIFIABLE DIGITAL SIGNATURES

EXAMINER ART UNIT CLASS-SUBCLASS	APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
MOISE, EMMANUEL LIONEL 2136 713-162000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. The Address of t	nonprovisional	-YES NO	-\$66 5-	\$1,400	\$0	-\$665 \$1,400	12/10/2004
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Litronic Inc., 17861 Cartwright Road, Irvine, California 92614 Please check the appropriate assignee category or categories (will not be printed on the patent): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.	EXAM	XAMINER	ART UNI	r	CLASS-SUBCLASS]	
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Change of correspondence address (or Change of Correspondence Address form In Corporation form prove agents of a single firm (having as a member a registered attorney or agents of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. Change of correspondence address (or Change of Correspondence Address form In Corporation or other provate group attached. Change of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. Change of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. Change of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. Change of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. Change of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. Change of a single firm (having as a member a registered patent attorneys or agents. If no name will be printed. Change of a single firm (having as a member a	MOISE, EMMA	IMANUEL LIONEL	2136		713-162000	•	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Litronic Inc., 17861 Cartwright Road, Irvine, California 92614 Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity California 92614 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.	R 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless	pondence address (or Change of 0 B/122) attached. dication (or "Fee Address" Indica 02 or more recent) attached. Use. AND RESIDENCE DATA TO Buless an assignee is identified be	Correspondence Ation form of a Customer E PRINTED ON Title	(1) the nar or agents (2) the nar registered 2 registered listed, no recommendate will app	mes of up to 3 registered pater DR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed. (print or type) ear on the patent, If an assign	a member a 2es of up to no name is 3	ument has been filed fo
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Authorized Signature Date December 10, 2004 Typed or printed name Jonathan M. Lindsay Registration No. 45, 810	Authorized Signature	Jonatha In	May	Jince.	Date	ecember 10, 2004	· · · · · · · · · · · · · · · · · · ·

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